Matthews Weber Gwynn, M.D.

Office Address: Atlanta Neurology, P.C.
5673 Peachtree-Dunwoody Rd., NE
Suite 300
Atlanta, GA 30342
Phone: (404) 256-3720
Facsimile: (404) 843-9032

Home Address: 1063 Dunroven Dr.
Atlanta, GA 30342

Marital Status: Married

Education:

July 1988- June, 1991	Resident Neurologist University of Virginia School of Medicine
July, 1985- June 1988	Resident Internist University of Alabama, Birmingham
May 1985	Doctor of Medicine University of Virginia Medical School
May 1981	B.S. Chemistry College of William and Mary

Professional Experience:

1991 to present	Partner Atlanta Neurology, P.C., Atlanta, Georgia
1998 to present	Co-Founder Neurotrials Research, Inc., Atlanta, GA
2009 to Sept 2016	CEO and Co-Founder AcuteCare Telemedicine, LLC, Atlanta, GA
Sept 2016-2021	Teleneurologist InTouch Health, then Teladoc

License and Board Certification:
Medical License, State of Georgia No. 034147
Other current state licensures:
North Carolina, South Carolina, Kentucky, Tennessee, Alabama, Virginia, Florida, Arizona, Texas, Indiana-several of these have expired
Diplomate, American Board of Internal Medicine-Internal medicine
Diplomate, American Board of Psychiatry and Neurology-Neurology
Fellow, American Academy of Neurology

Hospital Affiliations:
Northside Hospital system-Atlanta, Georgia 1991-2015
Chairman, Department of Medicine, Northside Atlanta 2008-2010
Chief, Section of Neurology, 1995-2015
Director of Stroke Center (Primary Stroke Center, December 2008), 2002-2015
Emory St. Joseph's Hospital-Atlanta, GA
Chief, Section of Neurology, 2002-2020

Professional Affiliations:
Medical Association of Georgia
Board of Directors, 2010-2015
Secretary, 2014
Medical Association of Atlanta
Board of Directors 2002-Present
President 2010-11,
Chairman of the Board, 2011-12
Claims Committee, MAG Mutual Insurance Company-- January, 2013-2019
Georgia Legislative Committee for the Study of Medical Marijuana 2014
Association of Clinical Research Professionals
Atlanta Clinical Society (President 1997-1998)
National Spasmodic Torticollis Association (Founder, Georgia Chapter), former
ST/Dystonia Inc. (Medical Advisory Board), former
BSA Troop 74—Assistant Scoutmaster, 2005-2009

Honors:
America's Top Doctors listings, 2000-present
Atlanta Magazine "Atlanta's Top Doctors" listing several times, including annually 2010 – present.
Atlanta Business Chronicle "100 Most Important People in Healthcare" 2011
Eagle Scout

Research Experience:
Investigator for more than 100 clinical studies, Phase II-Phase IV: (list upon request)

Publications:
Tizanidine Is Effective in the Treatment of Myofascial Pain Syndrome; Pain Physician 2002, 5 (4):422-432
Expanding Access to Intravenous Tissue-type Plasminogen Activator Treatment with a Practice-based Telestroke System; J Stroke and Cerebrovascular Disease 2013, 22 (8): e546-e548

Special Interests:
Botulinum toxin treatment for patients with chronic migraine, cervical dystonia, hyperhidrosis, spasticity, writer's cramp, blepharospasm, and hemifacial spasm since 1992.

Remote-presence urgent neurological consultations

Hobbies and interests:
Golf, backpacking, opera and classical music

Revised June 27, 2022

Lisa Johnston, MD
Atlanta Neurology
Attn: Medical Records Custodian
5673 Peachtree Dunwoody Road, #300
Atlanta, GA 30342

Re:	Patient	:	Reginald Hoyle
	Date of Birth	:	[redacted]
	Social Security No.	:	[redacted]
	Our File No.	:	54-14419 (GBS)

RECORDS CERTIFICATION & DECLARATION

BEFORE ME the undersigned officer, duly authorized by law to administer oaths, who after being duly sworn, under oath, deposes and says:

I, Judy Cohn (print name), am the custodian of records of **Lisa Johnston, MDAtlanta Neurology.**

I swear or affirm that the attached documents are true and correct copies of the entire file of **Reginald Hoyle** that are: (1) made at or near the time of the described acts, events, conditions, opinions and/or diagnosis set forth in the records; (2) made by, or from information transmitted by, a person with personal knowledge and a business duty to report; (3) kept in the course of regularly conducted business activity of the business identified above; and (4) routinely made by the regularly conducted business practice of the business identified above as a regular practice. This certification is given pursuant to Rules 803(6) and 902(11), Federal Rules of Civil Procedure.

I declare, certify, verify, and state under penalty of perjury that the foregoing is true and correct.

Judy Cohn
CUSTODIAN OF RECORDS

Sworn to and subscribed before me this
8th day of April, 2022.

Adrienne Williams
Notary Public

My Commission Expires:
October 8, 2023

ADRIENNE WILLIAMS NOTARY PUBLIC ROCKDALE COUNTY, GEORGIA MY COMMISSION EXPIRES OCTOBER 08, 2023

54-14419 (GBS)

Atlanta Neurology PC
Progress Note

Patient Name:	Reginald Hoyle	**Visit Date:**	December 13, 2021
Patient ID:	142296	**Provider:**	Matthews W. Gwynn, MD
Sex:	Male	**Location:**	Atlanta Neurology
Birthdate:	[redacted]	**Location Address:**	5673 Peachtree Dunwoody Rd #300 Suite 300 Atlanta, GA 30342-1775
Referring Provider:	Matthews W. Gwynn MD	**Location Phone:**	(404) 256-3720

Chief Complaint

- Headache

History Of Present Illness

Reginald Hoyle returns for the first time in three months. He was 40 minutes late for his appointment but I was able to see him. We had not heard anything from them since the very first appointment in September when Elavil 25 mg at bedtime was prescribed. He says that he took one pill and the next day felt unsteady, could not urinate, and was quite groggy and found out later that he texted people in the middle of the night. He therefore stopped it. He did not our office to tell me about this and therefore did not have an opportunity to receive any other treatment including any other analgesics. Nevertheless, he says his headache is severely bad 24 hours a day seven days a week with no let up.

On November 12 he had an MRI scan of the brain with and without contrast. It shows expected punctate areas of signal changes consistent with small vessel ischemic disease related to long-standing hypertension and smoking. The findings mentioned on the report are not related to any head injury.

Past Medical History

Disease Name	Date Onset	Notes
* No Stated Past Medical History	--	--

Past Surgical History

Procedure Name	Date	Notes
* No Relevant Surgical History	--	--

Medication List

Name	Date Started	Instructions
amitriptyline 25 mg tablet	09/29/2021	take 1 tablet (25 mg) by oral route once daily at bedtime for 30 days
gabapentin 800 mg tablet		take 1 tablet (800 mg) by oral route 3 times per day for 30 days
naproxen 500 mg tablet,delayed release		take 1 tablet (500 mg) by oral route 2 times per day with food for 30 days

Allergy List

Allergen Name	Date	Reaction	Notes
NO KNOWN DRUG ALLERGIES	--	--	--

Family Medical History

Disease Name	Relative/Age	Notes
* No Relevant Family Medical History		--

Social History

Finding	Status	Start/Stop	Quantity	Notes
Alcohol	Current every day	--/--	--	09/29/2021 -
Marijuana	Current every day	--/--	--	09/29/2021 -
Tobacco	Current every day	--/--	--	09/29/2021 -

Review of Systems

Constitutional
- **Denies** : Unless otherwise noted in HPI, Weight gain or loss over 5#, fever, daytime sleepiness, snoring, insomnia

HENT
- **Denies** : headaches, vertigo, double vision, visual loss

Cardiovascular
- **Denies** : chest pain, fainting, palpitations

Respiratory
- **Denies** : cough, shortness of breath

Gastrointestinal
- **Denies** : appetite change, bloody or dark stools

Genitourinary
- **Denies** : urinary incontinence, loss of sexual interest

Integument
- **Denies** : rash

Neurologic
- **Denies** : memory trouble, numbness, slurred speech, difficulty swallowing

Musculoskeletal
- **Denies** : muscle pain, weakness

Psychiatric
- **Denies** : anxiety, depression

Heme-Lymph
- **Denies** : swollen glands/lymph nodes

Physical Examination

Constitutional
- **Appearance** : well-nourished, well developed, alert, in no acute distress, well-tended appearance, normal posture, general level of motor activity normal, cooperative during history and examination

Head
- **Cranium** :
  - **Inspection** : atraumatic, normocephalic
- **Face** :
  - **Inspection** : no facial lesions

Neck
- **Range of Motion** : cervical range of motion within normal limits

Respiratory
- **Respiratory Effort** : breathing unlabored

Musculoskeletal
- **Spine** : no spinal tenderness or misalignment
- **Right Upper Extremity** :
  - **Inspection** : no tenderness to palpation
- **Left Upper Extremity** :
  - **Inspection** : no tenderness to palpation
- **Right Lower Extremity** :
  - **Inspection** : no tenderness to palpation

- **Left Lower Extremity** :
  - **Inspection** : no tenderness to palpation

Skin and Subcutaneous Tissue

- **General Inspection** : no rashes present, no lesions present, no areas of discoloration

Neurologic

- **Mental Status Examination** :
  - **Orientation** : grossly oriented to person, place and time
  - **Attention** : attention normal, concentration abilities normal
  - **Language** : normal fluency, no evidence of aphasia or dysarthria
  - **Fund of Knowledge** : fund of knowledge appropriate for level of education
- **Cranial Nerves** : cranial nerves intact bilaterally
- **Motor Examination** : Normal strength, bulk, and tone
- **Sensation** : normal light touch
- **Cerebellar Function** : no ataxia
- **Gait and Station** : normal gait, able to stand without difficulty

Psychiatric

- **Judgement and Insight** : judgement and insight intact
- **Thought Processes** : rate of thoughts normal
- **Mood and Affect** : mood normal, affect appropriate
- **Presence of Abnormal Thoughts** : no hallucinations, no delusions present, no psychotic thoughts

Blood pressure today is still quite high. By automatic machine it is 201/126. By my hearing it is 180/100. He has an odor of tobacco. He is animated with no suffering affect whatsoever. We had a discussion about the last three months as described above, and he became angry, insisting that he has terrible disability from his accident. He told me how he had to wait nine months before seeing a neurologist so he is mad about that.

Assessment

I have not heard from Mr. Hoyle in the three months since we first saw him. He took one pill of a low dose Elavil 25 mg and reports side effects that are credible. However, he did not call me and did not try to change his dose or attempt to obtain from us any other analgesics. Although he says he is in terrible discomfort from his headache and cannot work, yet he did not make any effort to contact the prescriber of the medication that he had a side effect for to see if there was some other alternative.

A reasonable observer can only conclude that his condition is not severe enough for him to take action to relieve it, and the protestations that he had to wait nine months to see a neurologist and yet never contacted that neurologist after he had side effects from the very first treatment belies his complaints of severe headache and disability. Therefore I believe he is at maximum medical improvement with 0% impairment and may return to full time, unrestricted work. I do not believe that the current complaints of headache are related to his accident one year ago. I am dismissing him from my care.

Plan

Instructions

- My impressions and plans were discussed with the patient
- Questions were answered until they expressed satisfaction
- The risks and benefits of all prescribed medications were discussed
- Seek immediate medical attention if symptoms persist or worsen despite treatment or if any new symptoms develop
- If patient is overweight or obese based on BMI, discussed strategies to reduce weight through exercise, diet, and counseling with nutritionist and/or PCP.
- Encouraged exercises to improve balance and mobility/reduce falls risk. Physical therapy offered if deemed appropriate.

Electronically Signed by: Matthews W. Gwynn, MD -Author on January 17, 2022 09:39:50 AM

Patient:	*HOYLE, REGINALD*
Patient DOB:	[redacted]
Report Date:	*Nov 12, 2021 12:02:14*
Observation Date:	*Nov 12, 2021 09:45:00*
Report:	*MRI Brain w/ + w/o Contrast*
Status:	*Final*

Result

Patient Name: HOYLE, REGINALD | Patient Status: O

DOB: [redacted]

Report Name: MRI Brain w/ + w/o Contrast | Report Date: 11/12/2021

Study Date: 11/12/2021

Ordering MD: Gwynn, Matthews

Admitting MD: Gwynn, Matthews | PCP: ,
: MR BRAIN AND BRAINSTEM WITHOUT AND WITH CONTRAST

CLINICAL HISTORY: Headaches, bilateral eye pain. Motor vehicle accident.

TECHNIQUE: Multiplanar, multi-weighted MRI of the brain and brainstem was performed without and with the uneventful administration of 7.5 mL of Gadavist gadolinium intravenous contrast.

COMPARISON: None available.

FINDINGS:

There are no areas of diffusion restriction to suggest an acute infarct. No intracranial hemorrhage is identified. There is no hydrocephalus. There a few scattered T2 and FLAIR hyperintensities involving the white matter both cerebral hemispheres.

No enhancing lesions are identified. There is no mass effect or midline shift.

The visualized orbits are normal. The central vascular flow voids are normal.

The bone marrow demonstrates normal signal intensity.

IMPRESSION:

1. No acute infarct. No intracranial enhancing lesion noted. No intracranial hemorrhage
2. A few scattered T2 and FLAIR hyperintensities involving the white matter both cerebral hemispheres are, which are nonspecific, but likely represent the sequela of chronic small vessel vasculopathy.

LOCATION: NEU

Patient:	*HOYLE, REGINALD*
Patient DOB:	[redacted]
Report Date:	*Nov 12, 2021 12:02:14*
Observation Date:	*Nov 12, 2021 09:45:00*
Report:	*MRI Brain w/ + w/o Contrast*
Status:	*Final*

Result

***** Final *****

Dictated by: Ahmed MD, Absar
Dictated DT/TM: 11/12/2021 11:57 am
Signed by: Ahmed MD, Absar
Signed (Electronic Signature): 11/12/2021 12:01 pm

System ID2131601744

Performed by Northside Hospital Department of Radiology
Professional interpretation provided by Northside Radiology Associates

NORTHSIDE HOSPITAL

Northside Hospital Atlanta
1000 Johnson Ferry Road NE
Atlanta, GA 30342-1606
Lab Phone Number: (404) 851 - 8580
Stephen J. Wells, MD Medical Director

Patient:	HOYLE, REGINALD		Admit:	11/12/2021 08:13 EST
MRN:	A3717749		Disch:	
FIN:	2131601744		Patient Type:	O/P
DOB/Age/Gender:	[redacted]	Male	Admitting:	Gwynn MD,Matthews
Location:	Eagles Land Img		Copy To:	Gwynn MD,Matthews

Point of Care

Collected Date: 11/12/2021 10:12 EST

Procedure	In Range	Out of Range	Units	Reference Range	Verified Date/Time
Creatinine POC	0.8		mg/dL	[0.6-1.3]	11/12/2021 10:12 EST
Operator ID		207296			11/12/2021 10:12 EST
Perf POC Location		NHA			11/12/2021 10:12 EST

LEGEND: c=Corrected, @=Abnormal, C=Critical, L=Low, H=High, f=Result Comment, i=Interp Data, *=Performing Lab
Please note that this report contains the most accurate documentation and results as of the date and time listed below.

Patient:	*HOYLE, REGINALD*
Patient DOB:	[redacted]
Report Date:	*Nov 12, 2021 11:13:09*
Collection Date:	*Nov 12, 2021 10:12:00*
Report:	*POC Creat*
Status:	*Final*

Assessment/Test Name	Result	Abnormal	Units	Normal Range	Status
Creatinine POC	0.8	BOLD	mg/dL	0.6-1.3	Final
Operator ID	207296	BOLD			Final
Perf POC Location	NHA	BOLD			Final
Performing Lab	Northside Hospital Lab/Atlanta,GA 30342/Stephen J. Wells, M.D.(404)851-8580	BOLD			Final

Atlanta Neurology PC
History and Physical

Patient Name:	Reginald Hoyle	**Visit Date:**	September 29, 2021
Patient ID:	142296	**Provider:**	Matthews W. Gwynn, MD
Sex:	Male	**Location:**	Atlanta Neurology
Birthdate:	[redacted]	**Location Address:**	5673 Peachtree Dunwoody Rd #300 Suite 300 Atlanta, GA 30342-1775
Referring Provider:	Matthews W. Gwynn MD	**Location Phone:**	(404) 256-3720

Chief Complaint

- Headache
- Work injury

History Of Present Illness

DATE OF INCIDENT: December 23, 2020

LOCATION OF INCIDENT: Camp Creek Parkway Atlanta, GA

REFERRAL SOURCE: Feather Case Management & Consulting, LLC

PRESENT IN ROOM: Patient; Janis Franklin FNP-C; Shaquita Wright, Case Manager

Mr. Hoyle is a 61 year old right handed gentlemen being seen at the request of Workers Compensation. He works for Red Classic Consolidated which is owned by Coca-Cola Corporation. He is an 18 wheel driver and was involved in a motor vehicle accident. On December 23rd of last year he was driving along Camp Creek Parkway and was hit by another 18 wheeler. The other 18 wheel driver lost his breaks and could not stop and rear ended Mr. Hoyle's truck. He states he does not remember the exact point of collision and was probably dazed. He does not really remember going forward and does not think he hit the front of his head but remembers hitting the back of his head against the headrest. He was trying to figure out what happened and the drivers in the other cars around him kept pointing back to the truck behind him. He was able to climb out of his truck and walked back to the rear of his truck. Mr. Hoyle called 911 to report the accident and he requested to be evaluated by EMS. He was transported to Grady where he was evaluated and released later that day.

He states the back of his head started hurting immediately after the accident. He was initially sent to a chiropractor who ordered MRI of his spine. After MRI results he was referred to Peachtree Orthopedics who continues to follow him. Most recently he was seen by an independent physician for a second opinion regarding his neck and back. He does not remember the physician's name but he states that surgery was recommended. He does not know what level of the spine was indicated.

He was referred to our offices for evaluation of headaches. Again he states the back of his head began hurting immediately after the accident. He states his headache is "non-stop". He clarifies, "I have a headache 24 hrs a day 7 days a week". He describes the headaches as "someone squeezing the back of his head" around the occipital area and this is a constant feeling that does not subside. He states that at it's worse his pain is a level 9 -10 and it is normally a level 6 which is his constant level of pain. He has increased pain when he is out in the sunlight his headache will get worse. Inside lights do not effect the level of pain. The only thing that helps his pain is to smoke marijuana. He states he has not smoked weed in over 30 years but this is the only thing that helped and he feels it calms down the pain sensation and relaxes him. He also drinks a couple of beers but stipulates only at night which helps him relax and eases his pain. He adds that there is a other type of pain he refers to as "a zinger thing" which is pain which radiates from the back of his head and hurts the back of his eyes. The pain happens in an instant and this is a level 10 pain. This happens on a daily basis and sometimes several times a day.

He has been prescribed naproxen 500mg BID and gabapentin 800mg BID. He states both medication do not help his headaches.

We have no reports of MRI of the brain and as far as he can remember he did not have a CT or MRI of his brain when he was seen at Grady.

Lastly he states he is having problems with his vision. Occasionally he has double vision and/or blurred vision. this happens more when he sits up for a long time or when he is tired.

Past Medical History

Disease Name	Date Onset	Notes
* No Stated Past Medical History	--	--

Past Surgical History

Procedure Name	Date	Notes
* No Relevant Surgical History	--	--

Medication List

Name	Date Started	Instructions
gabapentin 800 mg tablet		take 1 tablet (800 mg) by oral route 3 times per day for 30 days
naproxen 500 mg tablet,delayed release		take 1 tablet (500 mg) by oral route 2 times per day with food for 30 days

Allergy List

Allergen Name	Date	Reaction	Notes
NO KNOWN DRUG ALLERGIES	--	--	--

Allergies Reconciled

Family Medical History

Disease Name	Relative/Age	Notes
* No Relevant Family Medical History		--

Social History

Finding	Status	Start/Stop	Quantity	Notes
Alcohol	Current every day	-/-	--	09/29/2021 -
Marijuana	Current every day	-/-	--	09/29/2021 -
Tobacco	Current every day	-/-	--	09/29/2021 -

Review of Systems

Constitutional

- **Denies** : body aches, night sweats

Eyes

- **Admits** : blurred vision, changes in vision
- **Denies** : eye discomfort, impaired vision

HENT

- **Admits** : headaches
- **Denies** : loss of hearing

Cardiovascular
- **Denies** : chest pain, irregular heart beats, syncope, dyspnea on exertion

Respiratory
- **Denies** : shortness of breath, wheezing, cough

Gastrointestinal
- **Denies** : reflux, jaundice

Genitourinary
- **Denies** : urinary retention, hot flashes

Integument
- **Denies** : itching, new skin lesions, changes to existing skin lesions or moles

Neurologic
- **Denies** : additional symptoms, except as noted in HPI

Musculoskeletal
- **Admits** : recent neck injury
- **Denies** : joint pain, joint swelling

Endocrine
- **Denies** : cold intolerance, heat intolerance

Psychiatric
- **Denies** : anxiety, depression

Heme-Lymph
- **Denies** : lightheadedness, easy bleeding, easy bruising

Allergic-Immunologic
- **Denies** : frequent illnesses

All Others Negative

Vitals

Date	Time	BP	Position	Site	Cuff L\R Size	HR	RR	TEMP (F)	WT	HT	BMI kg/m^2	BSA m^2	O2 Sat	FR L/min	FiO2	HC
09/29/2021	10:13 AM	156/10(	Sitting			69 - R	14		170lbs 0oz	5' 8"	25.85	1.92				

Physical Examination

Constitutional
- **Appearance** : alert, pleasant, in no acute distress

Eyes
- **Ophthalmoscopic Exam** : no papilledema present

Cardiovascular
- **Heart** :
  - **Auscultation of Heart** : regular rate and rhythm, no murmurs present

Neurologic
- **Mental Status Examination** :
  - **Orientation** : grossly oriented to person, place and time
  - **Attention** : attention normal, concentration normal, no evidence of neglect
  - **Language** : normal fluency, no evidence of aphasia
  - **Memory** : short and long term memory intact
  - **Fund of Knowledge** : fund of knowledge appropriate for level of education
- **Cranial Nerves** :
  - **Optic Nerve** : pupils equal and equally reactive to light, vision intact bilaterally, visual fields normal to confrontation
  - **Oculomotor, Trochlear and Abducens Nerves** : eye movements within normal limits, no ptosis present, no pathologic nystagmus present
  - **Trigeminal Nerve** : facial sensation normal bilaterally, masseter strength intact bilaterally
  - **Facial Nerve** : no facial weakness present
  - **Vestibuloacoustic Nerve** : hearing intact to conversational speech, Weber test normal
  - **Glossopharyngeal and Vagus Nerves** : palate elevates symetrically
  - **Spinal Accessory Nerve** : shoulder shrug and sternocleidomastoid strength normal
  - **Hypoglossal Nerve** : tongue movements normal
- **RUE Motor Function** : no changes in tone present

- **Motor Examination** :
  - **RUE Strength** : Strength is normal
  - **LUE Strength** : Strength is normal
  - **LUE Motor Function** : no changes in tone present
  - **RLE Strength** : Strength is normal
  - **RLE Motor Function** : no changes in tone present
  - **LLE Strength** : Strength is normal
  - **LLE Motor Function** : no changes in tone present
- **Reflexes** :
  - **RUE** : biceps reflex 2+, triceps reflex 2+
  - **LUE** : biceps reflex 2+, triceps reflex 2+
  - **RLE** : knee reflex 2+, ankle reflex 2+, Babinski response negative
  - **LLE** : knee reflex 2+, ankle reflex 2+, Babinski response negative
- **Sensation** : sensation symmetric to vibration, light touch, and pinprick
- **Cerebellar Function** : finger-to-nose testing is normal bilateral
- **Gait and Station** : normal casual gait without ataxia, Romberg sign not present

Abnormal findings below supersede normal findings above:

Mr. Hoyle has a normal gait and stride. He has normal strength, muscle tone, and ROM in upper and lower extremities. Strong bilateral shoulder shrug. He has limited ROM in his neck with increased limitation turning to his neck to his left. EOM intact. PERRL with pupils 3mm. Gross reading and distance vision intact but he c/o blurred vision when reading and has to hold the reading material at arms length for increased focus.

Lower extremities shows altered sensations bilaterally with sharp/dull differentiation the sharp is defined as only "tingling" and bilateral decreased sensation to vibration. Light touch and proprioception is intact bilaterally. He has full strength dorsiflexion and plantar flexion.

BP 156/100

Assessment

- Posttraumatic headache 339.20/G44.309

It is really difficult to determine if Mr. Hoyle's headaches are related to any accident which occurred 9 months ago. Looking back at records there is documentation of c/o headaches back to March of this year. It is possible that he is experiencing Chronic post traumatic headaches and we will treat them as such. He is already on a very high dose of Gabapentin which we would have expected would have some effect on his headaches but as he states it has not, so we will add amitriptyline 25mg QHS. We also need to rule out other physical causes so we will order an MRI of the brain. Although Mr. Hoyle denies a history of HTN he also denies having a primary care MD or checking his blood pressure on a regular basis. HTN could also be a factor in his continued headaches and we have asked him to maintain some form of a headache log to evaluate this in his future appointments.

From a neurologic standpoint we feel he is able to return to work in some capacity and have released him to work on light duty .

We will see him back in the office for evaluation in 3-4 weeks.

PLAN:
1. MRI of the brain w/ and w/o contrast
2. amitriptyline 25 mg QHS
3. Return to work specifies Light Duty Only

Following the appointment with Mr Hoyle we met with his Case Manager, Ms. Shaquita Wright and updated her on our Care Plan and provided her with the return to work form.

Problems Reconciled

Plan

Orders

- MRI Brain w/ wo Contrast (70553) - 339.20/G44.309 - 09/29/2021

Medications

- amitriptyline 25 mg tablet
  SIG: take 1 tablet (25 mg) by oral route once daily at bedtime for 30 days
  DISP: (30) Tablet with 2 refills
  Prescribed on 09/29/2021

- Medications have been Reconciled

Disposition

- Return Visit Request in/on 4 weeks +/- 2 days (24932).

Electronically Signed by: Janis Franklin, FNP-C -Author on September 29, 2021 09:31:26 PM
Electronically Co-signed by: Matthews W. Gwynn, MD -Reviewer on September 30, 2021 11:16:58 AM